



# CITY OF SANTA FE DRIVER AUTHORIZATION

The purpose of this form is to obtain your authorization to conduct motor vehicle record checks for any persons who drive City owned, leased, or rented vehicles, or who drive personal vehicles on City business, regardless of their status as an employee (i.e. classified, temporary, volunteer, etc). Read this form carefully and provide the following information. All fields are required. As a condition for driving any vehicle on City business including a City unit or your personal vehicle, drivers must give the City of Santa Fe authorization to conduct MVR checks. Driving on City business will be prohibited if authorization to conduct an MVR check is not given. An MVR check will be conducted annually unless the Risk Management/Safety Division determines a more frequent check is necessary.

Department \_\_\_\_\_ Division \_\_\_\_\_

Employee Name \_\_\_\_\_ Job Title \_\_\_\_\_

Daytime Telephone # \_\_\_\_\_ Supervisor \_\_\_\_\_

**I agree to abide by all laws and regulations pertaining to the operation of motor vehicles, as well as the City of Santa Fe policy and driving regulations.**

**I agree to allow the City to review my driving record. I understand that any negative change in the status of my driving record may result in the revocation of the privilege of driving a City owned vehicle.**

**To the best of my knowledge, the information on this application is correct. I understand that any misrepresentation or falsification of information may be sufficient cause for rejection of driving privileges at the City of Santa Fe.**

**I understand that if I drive my personal vehicle for City business, I am required to maintain minimum statutory limits of liability insurance. The City does not provide insurance coverage for damage to an employee's personal vehicle and the driver's liability insurance is primary in the event of a claim or loss.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Drivers License # \_\_\_\_\_ CDL? \_\_\_\_\_ Date of Birth \_\_\_\_\_

**OR**

**My position of employment does not require me to drive on City time. I choose not to submit my driver's license information and understand by doing so I waive my right to operate a City owned vehicle or to drive my personal vehicle for City business.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

**I agree with the provided information. I understand any employee, whose position does not require a valid license and who chooses not to submit his/her driver's license information will not be allowed to drive for City of Santa Fe business.**

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Division Director Signature \_\_\_\_\_ Date \_\_\_\_\_

This form to be forwarded to the Risk Management/Safety Division upon completion